PRINTED: 11/19/2020 FORM APPROVED

## Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER  SIGNATURE HEALTHCARE OF SOUTH PITTSBURG R  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  SIGNATURE ADDRESS, CITY, STATE, ZIP CODE  201 EAST 10TH STREET  SOUTH PITTSBURG, TN 37380  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) COMPLET DATE  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)								С	
SIGNATURE HEALTHCARE OF SOUTH PITTSBURG R  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  (X5) COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE  (X6) DEFICIENCY)			TN5801		B. WING		1	1/10/2020	
SIGNATURE HEALTHCARE OF SOUTH PITTSBURG R  SOUTH PITTSBURG, TN 37380  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE DEFICIENCY)									
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	N 000 Ini	itial Comments			N 000				
Investigation of complaint #TN00052358 was conducted on 11/9/2020 - 11/10/2020 at Signature Healthcare of South Pittsburg Rehab & Wellness. No health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	Inv co Si <sub>!</sub> W un	ovestigation of compounducted on 11/9/20 ignature Healthcare /ellness. No health	20 - 11/10/2020 at of South Pittsburg Reh deficiencies were cited	ab &					

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE